

|--|

Cing County	Connection		n.	Accou	nt #		
		Certification		1			i i
To be completed for connections, or chest This form does no	or all new sewer co ange of use of exist tapply to repairs o	sting connections. r replacements of		1	ly Rate		
ū		e years of disconnec	t.			Make-	
Please Print or Typ	oe e						
Property Street Addres	s			8			
Dity	State	ZIP	MORRISANISMA				
Owner's Name				Sewer D	istrict / Agency	Contact & Phone Number	
Dwner's Mailing Address	3		-	Date of S	Sewer Connecti	on	
City	State	ZIP		Side Sev	ver Permit Num	ber	
Owner's Phone Number	(with Area Code)			Require	ed: Property	Tax Parcel Number	
Property Contact Phone	,	•	_	Subdivis	ion Name	Subdivision Numb	er
Party to be Billed (	ii diilerent than Ov	vner).		Lot Num	ber	Block Number	
Name			<del></del>	Building	Name	AND AND MINE OF SECULO	
Street Address							
Dity	State	ZIP Residential Cu		. v . li	Naca kanal	t any demolitions of pre-	aviating
Please check appr ☐ Single-family (fre	•	Equivalen		E) k	ouilding on t	this property. Credit for a n under some circumstar	demolition
Multi-Family (any sh	nared walls):			1	Demolition of	pre-existing building?	Yes □ No
Duplex (0.8 RCE	per unit)		1.6	/	Vas building	on Sanitary Sewer?	es 🗌 No
3-Plex (0.8 RCE	per unit)		2.4	\	Vas Sewer c	connected before 2/1/90?	□Yes □No
☐ 4-Plex (0.8 RCE	per unit)		3.2	5	Sewer discor	nnect date:	
☐ 5 or more (0.64 F	RCE per unit)					ing demolished?	
		x 0.64 =		_  F	Request to ap	oply demolition credit to mu	ltiple buildings?
☐ Mobile home spa	ice (1.0 RCE per s No. of Spaces	pace) x 1.0 =			∃Yes □No		
f Multi-family, will		ividually? ☐ Yes		 }			
		neowner's Associat			□No		
Pursuant to King County C The amount of the charge equivalent for a period of billings can be prepaid a	Code 28.84, all sewer cur e is established annuall fifteen years. The purpo at a discounted amoun	stomers who establish a ne ly by the Metropolitan Kin ose of the charge is to rec it.	ew servic g County cover cos	ce which us y Council sts of prov	es metropolitan as a rate per m ding sewage tre	sewage facilities shall be subject to onth per residential customer or reatment capacity for new sewer cut Division at 206-684-1740.	esidential custome

For King County Use Only

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative		Date
-----------------------------------	--	------

Print Name of Owner/Representative\_

## King County

Department of Natural Resources and Parks Wastewater Treatment Division

## Non-Residential

<ul> <li>Sewer Use Certification</li> <li>To be completed for all new sewer connections, reconnections or change of use of existing connections.</li> </ul>						No. of RCEs		
This form does not apply t sewer connections within f Please Print or Type	o repa	irs or i	replacer	ments iect.	of existing			
Property Street Address						Property Tax ID #		
						Party to be Billed (if different from owner)		
City			State	•	ZIP			
Owner's Name			· · · · · · · · · · · · · · · · · · ·	* terretori manuella de l'emissa				
Subdivision Name				Lot #_		Other Course District		
Subdiv. #				Block	#	City or Sewer District		
						Date of Connection		
Building Name(if applicable)				····		Side Sewer Permit #		
						Please report any demolitions of pre-existing building on this proper		
() Owner's Phone Number (with Area Code)						Credit for a demolition may be given under some circumstances.		
( )						Demolition of pre-existing building?  Yes No		
() Property Contact Phone Number (with Are	ea Code)					Was building on Sanitary Sewer? ☐ Yes ☐ No Was Sewer connected before 2/1/90? ☐ Yes ☐ No		
Owner's Mailing Address								
						Sewer disconnect date:		
						Type of building demolished?		
Fixture Units x Number	Fixtur	xtures re Units Private	No. of Fix	tures	Total Fixture Units	(in addition to Fixture Units identified in Section A)  Type of Facility/Process:		
Bathtub and Shower	4	4	1 40.10	111410	Tixture office			
Shower, per head	2	2	<del>  -</del>					
Dishwasher	2	2				Estimated Wastewater Discharge:		
Drinking fountain (each head)	1	.5				Gallons/days		
Hose bibb (interior)	2.5	2.5				QallUIS/uays		
Clotheswasher or laundry tub	4	2				Residential Customer Equivalents (RCE):		
Sink, bar or lavatory	2	1				187 gallons per day equals 1.0 RCE		
Sink, Clinic flushing	8	8			THE STATE OF THE S	Total Dischause (mal/alan)		
Sink, kitchen	3	2				Total Discharge (gal/day) = RCE		
Sink, other (service)	3	1.5	<b> </b>  -			187		
Sink, wash fountain, circle spray	4	3				C. Total Residential Customer Equivalents:		
Urinal, flush valve, 1 GPF	5	2	ļļ			(add A & B)		
Urinal, flush valve, >1 GPF Urinal, waterless	6	2	-					
Water closet, tank or valve, 1.6 GPF	6	3						
Water closet, tank or valve, >1.6 GPF		4	-	_		A		
vvater closet, talik or valve, >1.5 di 1		<u> </u>	<u> </u>			R for an analysis of the state		
Residential Customer 20 fixture units ed	Equiva	alent (F		nits [_		B RCE		
Total No. of Fixture Units 20				CE	Marina v 1855 nd 300 ferfer from v 1865 nd 300 ferfer from v 1865 nd 300 ferfer from som pad richten			

For King County Use Only

Account # \_\_\_\_

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the King County Council at a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. All future billings can be prepaid at a discounted amount. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at 206-684-1740.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative	Date
Print Name of Owner/Representative	